

# California Advanced Primary Care Initiative: Technical Assistance for the Payment Model Demonstration Project

Program Prospectus for an 18-month (July 2024 – December 2025)  
technical assistance offering focused on accelerating quality improvement in  
small, independent primary care practices.



California Quality  
Collaborative



Integrated  
Healthcare  
ASSOCIATION

# Executive Summary

The [California Quality Collaborative](#) (CQC) and Integrated Healthcare Association (IHA) invites you to join the California Advanced Primary Care Initiative: Payment Model Demonstration Project, an 18-month technical assistance offering that will test a common value-based payment model with small, independent practices in California.

The program – a joint project of CQC, IHA and four health plans, Aetna, Anthem, Blue Shield of California, and Health Net – will focus on building quality improvement and advanced primary care capabilities across up to 30 independent practices, with the goal of improving outcomes for patients served by those practices.

The California Medical Association (CMA) and CQC will provide training and other technical assistance to participating practices and will work directly with participants to tailor, test, implement and scale quality improvement best practices.

Practices with a strong interest in improving their capacity to support practice-level quality improvement are encouraged to participate.

## Collaborative Goals

By December 31, 2025, the Demonstration Project aims:

- To pay practices more, through a prospective, flexible structure (test a new common payment model)
- To build advanced primary care capabilities within participating practices, through payment, direct technical assistance, and data exchange through a common platform, to enable care team success in value-based payment models and
- To improve outcomes for people served by the participating practices

## Measurement Set

The Demonstration Project will use the [Advanced Primary Care measure set](#) to track primary care improvements across program participants.

# Curriculum & Learning Design

The foundation of the Demonstration Project's curriculum will focus on concepts from evidence-based frameworks and best practices, including:

- Model for Improvement
- A widely used, simple framework for developing, testing and implementing changes leading to improvement.
- 10 Building Blocks of High Performing Primary Care
- Building blocks include practice-level advanced primary care capabilities like engaged leadership, data-driven improvement, team-based care and population management.

In addition to learning about practice-level change concepts, participants will have access to skill-building trainings such as improvement coaching, motivational interviewing and patient and family engagement techniques.

Participating practices will receive a range of technical assistance to support quality improvement and advanced primary care capabilities. In turn, each practice will work directly with their staff to tailor, test, implement and scale the quality improvement recommendations.

Technical assistance will focus on strategies that build upon and enhance existing practice capabilities. Practices will leave the program with deeper insights about their capabilities and improved ability to support quality improvement work.



**Demonstration Project  
Technical Assistance**

# Benefits of Participation

Practices participating in the Demonstration Project will have access to a new payment model and technical assistance

## Payment model

<b>Direct Service Payments</b>	Fee for service and optional capitation (in some cases)
<b>Population Health Payments</b>	<ul style="list-style-type: none"><li>• Paid prospectively with regular payments to improve process, support transformation and better manage the patient panel</li><li>• Includes risk adjustment</li></ul>
<b>Performance-based Payments</b>	<p>Incentive payments for performance on individual APC measures in the <a href="#">common set</a>.</p> <p>Two ways to earn:</p> <ul style="list-style-type: none"><li>• Payment for meaningful <b>improvement</b> of 10% (relative) if original score is 25<sup>th</sup> to 66<sup>th</sup> national percentile</li><li>• Payment for <b>attainment</b> of scores above the 66<sup>th</sup> national percentile</li></ul> <p>With potential for higher payments on equity sensitive measures</p>

Practices that demonstrate improvement and/or attainment can earn a potential 30% increase to base payment amongst the three payment types (Direct Services, Population Health, and Performance-based), from up to four health plans (Aetna, Anthem, Blue Shield of California, and Health Net).

## Technical Assistance

### Improvement Advising

- Regular meetings with an experienced CQC or CMA coach who will regularly support practices on their QI journey
- Practice-level needs assessments to identify strengths and opportunities and define an improvement plan.

### Learning Events

- Virtual learning events centered around the collaborative's curriculum.
- On-demand digital access to a resource library of learning and improvement materials.

### Data Insights

- Identification of gaps and capabilities in data systems.
- Support for reporting program performance measures stratified by race and ethnicity.
- Tools to support visualization and interpretation of performance data to identify improvement opportunities.

# Eligibility

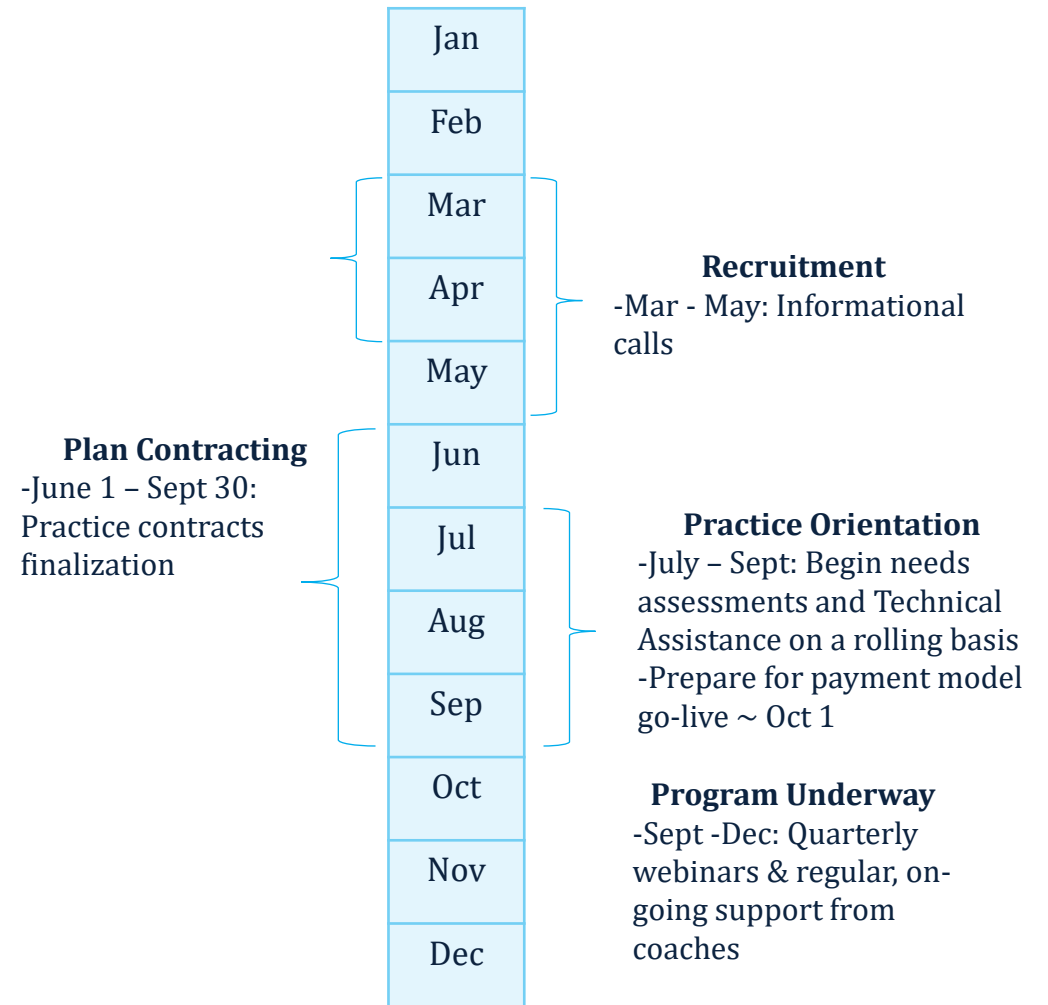
The California Advanced Primary Care Initiative has identified practices throughout California that best fit this Demonstration Project. Of those invited to participate, up to 30 practices will be selected for the eighteen-month program.

Invited practices have a minimum count of approximately 750 commercial adult patients total across Aetna, Anthem, Blue Shield of CA and Health Net. Some pediatric practices will be invited as well, with the same threshold of approximately 750 patients across the three plans.

## Participation Requirements

- Allocate appropriate staffing resources to fulfill program participation requirements.
- Attend learning events and coaching calls.
- Spread learnings from direct coaching to other practice staff.
- Report member level clinical data for program measures at least monthly. Commit to improving ability to collect and report race, ethnicity, language and other demographic variables.
- Participate in project evaluation (interviews and/or surveys to assess participant experience and identify field learnings).

## Projected Timeline



# Frequently Asked Questions (FAQ)

- **What is the California Advanced Primary Care Initiative Payment Model Demonstration Project?**
  - This project is an eighteen-month technical assistance program aimed at transforming primary care delivery in California. It is a collaborative effort between the California Quality Collaborative (CQC), the Integrated Healthcare Association (IHA), the California Medical Association (CMA), and leading health plans.
- **What is the objective of the program?**
  - The primary goal is to test a new common payment model that rewards practices for delivering advanced primary care services. The program aims to improve patient outcomes, enhance care team satisfaction, and reduce healthcare costs.
- **How were practices selected to participate?**
  - Practices are being outreached based on high patient volume with the participating health plans and potential to improve access to high quality primary care. Up to 30 practices will be chosen to participate in this initiative, across all of the participating payers.
- **What are the benefits of participating in the program?**
  - Participating practices will receive funding opportunities through regular population health management payments and incentives based on performance, personalized coaching from experienced practice coaches, access to virtual learning events, access to a common reporting platform and data insights and support.
- **How will the funding be utilized within my practice?**
  - Funding can be used to support the implementation of innovative care delivery models, enhance staff training, resources and process improvement, invest in technology and infrastructure improvements, and support other initiatives aimed at improving patient care.

# Frequently Asked Questions (FAQ) continued

- **What are the requirements for participating practices?**
  - Participating practices are expected to actively engage in program activities, implement recommended practice transformations, participate in coaching sessions and virtual learning events, and contribute to data collection and reporting efforts.
- **Will participating in this program require significant time commitment from our practice?**
  - While participation does require dedication and engagement, the program is designed to be flexible and accommodating to the needs of participating practices. Coaching sessions and virtual learning events are structured to fit within your practice's schedule.
- **How will the program measure success?**
  - Success will be measured based on various performance metrics, including improvements in patient outcomes, care team satisfaction, healthcare utilization rates, and cost savings. Participating practices will receive regular feedback and support to track progress.
- **How can I learn more about the program and its requirements?**
  - You can visit the program's [website](#) for additional information, review the PDF provided in the invitation email, or schedule a call with your designated coach to discuss program details and ask any questions you may have.

The California Quality Collaborative, a program of the Purchaser Business Group on Health, and the Integrated Healthcare Association are proud to offer this program in collaboration with Aetna, Anthem Blue Cross, Blue Shield of California, Health Net, and the California Medical Association.

CQC is a health care improvement program dedicated to helping ambulatory care teams gain the expertise, infrastructure and tools they need to advance care quality, be patient-centered, improve efficiency and thrive in today's rapidly changing environment. The program is dedicated to advancing the quality and efficiency of the health care delivery system across all payers, and its multiple initiatives bring together providers, health plans, state agencies and purchasers to align goals and take action to improve the value of health care for Californians.

IHA brings the healthcare community together to solve industry-wide challenges that stand in the way of high-value care. As a non-profit industry association, we use our decades of expertise, objective data, and our unique role as a trusted facilitator to make the healthcare system work better for everyone.

To learn more, contact Karin Johnston at [kjohnston@pbgh.org](mailto:kjohnston@pbgh.org).





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